initiation and 65% thereafter for AF and 53% and 59% respectively for VTE. There was a positive relationship between number of visits during initiation and the number of subsequent visits (correlation coefficient (r)=0.29) and a negative relationship between number of visits and TTR during both initiation (r=-0.3) and maintenance (r=-0.35). **CONCLUSIONS:** Increasing number of anticoagulation visits was associated with reduced time in range suggesting that despite increased monitoring some patients fail to stay in range. In addition, patients who require frequent visits during the initiation phase continue to do so during maintenance, suggesting that this may be a useful predictor for patients who are likely to be poorly controlled despite high resource use in the longer term and may hence be candidates for alternative means of anticoagulation.

PCV129

DISCREPANCIES BETWEEN DEFINED DAILY DOSES AND ACTUAL PRESCRIPTION PATTERNS IN THE POLISH SETTING: THE ACE INHIBITORS EXAMPLE

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OBJECTIVES: While WHO guidance considers a "misuse" to base national pricing and reimbursement regulations on ATC/DDD system, in Poland, drugs are reimbursed based on costs associated to their corresponding Defined Daily Doses (DDD). We analysed the group of ACE inhibitors to check whether the observed Prescribed Daily Doses (PDD) in the Polish setting correspond to DDDs. ACE inhibitors constitute an important therapeutic group in Poland (45 million packs yearly). According to a recent National Health Fund report, ramipril ranked fifth in terms of total reimbursement expenditure in 2010 (205 million PLN; 2.4% of the total budget). **METHODS:** We used IMS Medical Index report to derive average PDDs for ACE inhibitors available in Poland. Both monotherapies and fixed-dose combinations were analysed, irrespective of their prescribed indication. Average Daily Doses reported for specific preparations were weighted using the actual sales, so that the results can be interpreted as average PDDs, adjusted to drug use structure. Analysis is based on year 2010 data. **RESULTS:** For 10 molecules (benazepril, captopril, cilazapril, fosinopril, imidapril, lisinopril, moexipril, perindopril, quinapril, trandolapril) the PDDs did not differ more than ± 0.5 times vs the respective DDDs. On the contrary, PDD for enalapril and ramipril was significantly higher than DDD (1.8 and 2.9 times the DDD, respectively). This finding is consistent with the prescription patterns reported in the German setting – 1.9 and 3.5 times the DDD, respectively (Grimmsmann, Himmel 2010). **CONCLUSIONS:** New reimbursement law due to come into force in 2012 may apply a PDD instead of DDD as reference for reimbursement, in case DDD is lower than the most frequent dosage. In view of the above findings, ACE inhibitors should be revised in this aspect. The current practice of basing limits on DDDs may lead to suboptimal allocation of public funds and have ultimately negative impact on patients' access to therapy.

PCV131

CARDIOVASCULAR DRUG UTILIZATION IN RELATION TO AGE IN NIS REGION

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OBJECTIVES: Evaluation of cardiovascular (CVS) medication prescription in 2010 as compared to 2005, in relation to age, in the field of primary health care, of Nis region **METHODS:** A retrospective study on cardiovascular drugs utilization according to ATC classification, was conducted on the basis of data received from Central City Pharmacy Nis, and results were presented in DDD/1000 inhabitants/day **RESULTS:** Data analysis confirmed a total increase of CVS medication prescription of 58% during the research period (251,76:399 DDD/1000inh/d). Thereby, a significantly higher percentage of prescription was notified among population older than 60 as compared to younger population (67%: 40%). Except for diuretics, there was an increasing tendency in all groups of CVS medication prescription in both age ranges. The highest percentage of prescription was marked in the group of Calcium antagonist drugs: 95% in patients older than 60 and 84% in younger population. Beta blockers were prescribed to elderly CVS patients for 29% more than to younger ones in 2010. The CVS medications prescribed most in the research period were drugs affecting the renin-angiotensin-aldosterone system (101,5:226,7DDD/1000inh/d), whereby the increase of usage prevailed among elderly patients (67%:41%). **CONCLUSIONS:** The obtained results show a significan increase of CVS medication prescription, predominantly among elderly patients. The highest percentage of prescription was manifested in the group of calcium antagonist drugs as compared to other medications, in patients of all age groups, whereas no significant change in diuretics usage was reflected during the research period.

PCV132

DO ATRIAL FIBRILLATION (AF) PATIENTS GET ORAL ANTICOAGULATION (OAC) AS GUIDELINES RECOM-MEND? AN ANALYSIS OF GERMAN HEALTH INSURANCE CLAIMS DATA

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OBJECTIVES: AF is the most frequent, clinically significant form of arrhythmia leading to stroke in a substantial proportion of patients. This paper investigates a possible OAC underuse based on a large German health insurance data set. **METHODS:** Based on data from 2 German statutory medical aid funds (2007-2008), a patient was considered to be in need of OAC if a CHADS2-Score≥2 without any OAC contraindication (CI) had been recorded. We used two CI scenarios; 1) a more extensive CI list based on the German Summary of product characteristics, and 2) a more limited list based on latest publications. In our day-specific analysis covering 2008, we classified each observed day into one of the following 3 categories: OAC use: day covered by OAC prescription (daily required dose defined by daily defined dose (DDD) or within a 180-days grace-period after consumption of last prescription); and Uncertain OAC use: OAC prescription in 2008, but the day was outside the grace-period, or it was covered by other anticoagulants/antiplatelets (DDD+90 days' grace-period). OAC underuse: no OAC prescription in 2008, or other anticoagulants/antiplatelets did not cover the day (DDD-based+90 days grace-period). **RESULTS:** Data of 183,448 AF patients were included, mean age 73.2 years (SD: 10.97 years), 55.6% male. Their average CHADS2 was 2.8 (SD 1.58). Considering CI, OAC was recommendable for 54251 (29.6%; scenario 1)/83653 (45.6%; scenario 2) of all patients. Between 28.1% and 31.8% of all days were OAC use days whereas 43.0%-48.7% were OAC underuse days. Relative underuse rates did not differ between the two CI scenarios. Older female patients with a high number of co-morbidities had a greater OAC underuse probability. **CONCLUSIONS:** Our analysis shows that the OAC underuse problem in AF patients in the German health care system is possibly more widespread than previous observational studies have shown.

PCV133

BASELINE CHARACTERISTICS, INTERVENTION MODALITIES AND UTILIZATION OF EVIDENCE BASED MEDICATIONS AMONG ACS PATIENTS: DOES PRESENCE OF DIABETES AFFECT THE PRESENTATION AS WELL AS MANAGEMENT SCENARIO FOR ACS? – RESULTS FROM SINGLE CENTRIC CROSS-SECTIONAL STUDY FROM INDIA

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OBJECTIVES: Assessment and comparison of baseline clinical characteristics, current trend of utilization of key evidence-based-medications (EBM) and interventional strategies for ACS patients presented with and without diabetes. **METHODS:** This observational cohort study was conducted at The Heart Care Clinic, Ahmedabad among patients presented with ACS. In this cross-sectional study, data base from the clinic was accessed to collect the data. This includes demographic information, vital signs, personal particulars and details of other risk factors for ACS such as diabetes, smoking and family history of coronary artery disease. Also information pertaining intervention procedure (medical management or percutaneous transluminal coronary angioplasty [PTCA] or coronary artery bypass grafting [CABG]) and medications prescribed at discharge were collected. **RESULTS:** Among 370 ACS patients, about 30% patients were diabetic. Typically, percentage of hypertensive patients was significantly higher among diabetics compared to non-diabetics (59.29% vs. 38.91%, p=0.0004). The difference in proportion of patients on medical management among diabetic and non-diabetic patient population was found to be highly significant (47.79% vs. 39.30%, p=0.0002). Key medications (ACEIs/ARBs, BBs, statins, and aspirin) were prescribed in 98.2, 85.0%, 87.6%, and 95.6% diabetic (113); while 97.3%, 82.1%, 93.8%, and 96.5% non-diabetic (257) patients, respectively on discharge. **CONCLUSIONS:** Diabetes is highly prevalent among ACS patient population and the worse prognosis in ACS patients from India may be attributed to clustering of several cardiovascular risk factors at presentation. The diabetics are being managed more frequently with cardiovascular medications rather than revascularization therapy (PTCA or CABG) compared to non-diabetics. Utilization of evidence-based-medication for both diabetic and non-diabetic ACS is consistent with the guidelines and recommendations and is not differing among the diabetic and non-diabetic population; except for the lipid lowering therapy. This observational study might serve as a maneuver to the current practice and highlights awareness on the adherence to the recommendations from the guidelines.

PCV134

CONCOMITANT MEDCIATION USE IN US ADULTS ON STATIN THERAPY: FINDINGS FROM A MULTI-EMPLOYER CLAIMS DATABASE

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OBJECTIVES: To assess the prevalence and pattern of concomitant medication (CM) use in US adults on statin therapy. **METHODS:** A retrospective analysis was conducted using a large, US employer-based claims database. The study cohort included adults ≥18 years old with ≥1 statin prescription between January 1, 2009 and December 31, 2009 with at least 6 months pre- and 3 months post-index (90-day study period) continuous enrollment. CM use was defined as a drug, excluding statins, recorded as prescribed to a patient. Data on the prevalence and pattern of use of CMs, including CMs that potentially interact with statins, were analyzed. Chi-square analyses were performed to examine relations between prevalence of CM use (≥5 CM use vs. <5 CM use) and demographic variables (age groups and gender). **RESULTS:** The study included 403,182 statin users, mean age 58 (SD ±12) years, 75% <65 years, and 52% male. Patients were prescribed an average of approximately 6 CMs during the study period. A total of 334,033 (83%) and 231,508 (57%) patients were prescribed ≥3 and ≥5 CMs. The proportion of patients prescribed ≥5 CMs was significantly higher in females (63% vs. 52%, P<0.0001) and patients >65 years old (72% vs. 52%, P<0.0001) compared to males and those <65 years old. Commonly prescribed CMs that potentially interact with statins included